



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000788849

**2. Exact Name of the Limited Liability Company** MCCULLOUGH-MUELLER ENTERPRISES LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

325411

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PROVIDE BUSINESS DIRECTION OF MUELLER MEDICAL INTERNATIONAL LLC (MMI)  
OF NEVIS ST. KITS BY FACILITATING

1. THE MANUFACTURE, RESEARCH AND DEVELOPMENT OF A) FDA APPROVED,  
CLEARED & REGISTERED HUMAN PRODUCTS (DRUG&DEVICE)(B) NASC REGISTERED,  
SUPPLEMENT-BASED, AND FDA DESIGNATED VETERINARY PRODUCTS;

2. THE MANAGEMENT OF MUELLER ONCOLOGY OF RI, MMI SCRIPT HUB AND  
MEDICAL

SUPPLIES OF STORRS CT AND EVETPHARMACY.COM, AN ONLINE VET-DIRECT  
DISTRIBUTION SERVICE TO LICENSED VETERINARIANS.

3. THE CONDUCT OF TRANSLATIONAL MEDICINE RESEARCH AND CLINICAL TRIALS;

4. THE PUBLICATION OF ACADEMIC, PATENT AND TRADEMARK LITERATURE;

5. THE REGIONAL, NATIONAL AND INTERNATIONAL LAUNCH OF ALL MMI  
PRODUCTS, TECHNOLOGY AND SERVICES;

6. THE MANAGEMENT OF ORAL THERAPEUTICS LLC

**5. Principal Office Address**

No. and Street: 48 MOOSUP VALLEY ROAD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: RICKY MCCULLOUGH Contact Title:  
No. and Street: 48 MOOSUP VALLEY ROAD  
City or Town: FOSTER State: RI Zip: 02825 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	RICKY WAYNE MCCULLOUGH	48 MOOSUP VALLEY ROAD FOSTER, RI 02825 USA
MANAGER	JONATHAN DERICK MCCULLOUGH MBA	86 BUFF CAP ROAD UNIT F3 TOLLAND, CT 06084 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RICKY W. MCCULLOUGH 48 MOOSUP VALLEY ROAD FOSTER , RI 02825

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 10 Day of October, 2017 at 1:52:15 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RICKY MCCULLOUGH  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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